
Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Billing Examples

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The example in this section is to help providers bill Rural Health Clinic (RHC) and Federally Qualified Health Centers (FQHCs) services on the *UB-04 Claim Form*. Refer to the *Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)* section in this manual for general billing information. Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete claim fields not explained in the following example. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section of this manual.

Billing Tips: When completing claims, do not enter the decimal points in ICD-10-CM codes or dollar amounts. If requested information does not fit neatly in the *Remarks* field (Box 80) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim <<form>>.

Managed Care Differential Rate

Figure 1. Managed Care differential rate billing code set.

This is a sample only. Please adapt to your billing situation.

John Doe visited a «RHC» for evaluation of his recent chest pain. He is enrolled in a Medi-Cal managed care plan «(MCP)» and the service is covered under the plan. The RHC bills the «MCP» for the encounter. The clinic may submit a «managed care differential rate claim (also known as the “wrap”)» to Medi-Cal with revenue code 0521, procedure code with modifier T1015SE and an informational line specific to his visit, which in this case is procedure code 99214.

On claim line 1, enter the revenue code 0521 in the *Revenue Code* field (Box 42), the description of the code (Managed Care Differential Rate) in the *Description* field (Box 43) and the corresponding procedure code with modifier (T1015SE) in the *HCPCS/Rate* field (Box 44). Enter the date of service in the *Service Date* field (Box 45) in six-digit format. A “1” is entered in the *Service Units* field (Box 46) for Managed Care Differential Rate billing code set to indicate the billing is for the differential for one visit (more than one visit can be billed with medical justification). Enter the usual and customary charges in the *Total Charges* field (Box 47).

On claim line 2, enter the revenue code and procedure code specific to the visit in *Revenue Code* field (Box 42) and *HCPCS/Rate* field (Box 44) respectively, followed by the date of service in the *Service Date* field (Box 45). A “1” is entered in the *Service Units* field (Box 46) for the number of service units provided for the procedure code. When filling out an informational line, Box 47 must be zeros because this line is not payable. Enter Code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in the *Total Charges* field (Box 47, line 23).

Note: When billing for the managed care differential rate, Box 39 and Box 54 on the *UB-04* claim must be left blank, as these fields are reserved respectively for Share of Cost (SOC) and Other Health Care Coverage (OHC) only.

If billing the Managed Care Differential Rate for both a medical and dental visit, or for a third visit (allowable only in special circumstances) on the same dates of service, billers should refer to the *Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs): Billing Codes* section for billing instruction.

Enter "O/P Medi-Cal" to indicate the type of claim and payer in the *Payer Name* field (Box 50). The NPI is placed in the *NPI* field (Box 56).

Enter an appropriate ICD-10-CM diagnosis code. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required when an ICD-10-CM/PCS code is entered on the claim.

Enter the rendering physician's NPI in the *Operating* field (Box 77). «or the Ordering Referring or Prescribing (ORP) provider's individual (Type 1) NPI in *Attending* field (Box 76).»

Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete the remaining fields.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT. CNTRL. # 3b MED. REC. #		4 TYPE OF BILL 711	
8 PATIENT NAME a DOE, JOHN				9 PATIENT ADDRESS a			
10 BIRTH-DATE 08241980		11 SEX M		12 DATE		13 ADMISSION	
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE	
35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37 OCCURRENCE SPAN FROM		38 OCCURRENCE SPAN THROUGH	
39 VALUE CODES		40 VALUE CODES		41 VALUE CODES		42	
42 REV. CO.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
0521		MANAGED CARE DIFFERENTIAL RATE		T1015 SE		101120	
0521				99214		101120	
						46 SERV. UNITS	
						1	
						47 TOTAL CHARGES	
						45 00	
						48 NON-COVERED CHARGES	
						0 00	
001		PAGE OF		CREATION DATE		TOTALS	
						45 00	
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52 RFL INFO		53 ARD SEN	
						54 PRIOR PAYMENTS	
						55 EST. AMOUNT DUE	
						45 00	
						56 NPI	
						0123456789	
56 INSURED'S NAME		59 PREL		60 INSURED'S UNIQUE ID		61 GROUP NAME	
				90000000A95001			
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 CCG 0		A		B		C	
67 CCG 0		D		E		F	
68 CCG 0		G		H		I	
69 ADMIT DX		70 PATIENT REASON DX		71 ICD-9-CM		72 EQ	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI		77 OPERATING NPI	
D1D1D1D				6789012345		1234567890	
78 OTHER NPI		79 OTHER NPI		QUAL		QUAL	
				LAST		FIRST	
80 REMARKS		81 CC		82		83	
		a		b		c	
		c		d		e	
		f		g		h	
		i		j		k	
		l		m		n	
		o		p		q	
		r		s		t	
		u		v		w	
		x		y		z	
		aa		ab		ac	
		ad		ae		af	
		ag		ah		ai	
		aj		ak		al	
		am		an		ao	
		ap		aq		ar	
		as		at		au	
		av		aw		ax	
		ay		az		ba	
		bb		bc		bd	
		be		bf		bg	
		bh		bi		bj	
		bk		bl		bm	
		bn		bo		bp	
		bq		br		bs	
		bt		bu		bv	
		bw		bx		by	
		bz		ca		cb	
		cc		cd		ce	
		cf		cg		ch	
		ci		cj		ck	
		cl		cm		cn	
		co		cp		cq	
		cr		cs		ct	
		cu		cv		cw	
		cx		cy		cz	
		da		db		dc	
		dd		de		df	
		dg		dh		di	
		dj		dk		dl	
		dm		dn		do	
		dp		dq		dr	
		ds		dt		du	
		dv		dw		dx	
		dy		dz		ea	
		eb		ec		ed	
		ee		ef		eg	
		eh		ei		ej	
		ek		el		em	
		en		eo		ep	
		eq		er		es	
		et		eu		ev	
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		fl		fm		fn	
		fo		fp		fq	
		fr		fs		ft	
		fu		fv		fw	
		fx		fy		fz	
		ga		gb		gc	
		gd		ge		gf	
		gg		gh		gi	
		gj		gk		gl	
		gm		gn		go	
		gp		gq		gr	
		gs		gt		gu	
		gv		gw		gx	
		gy		gz		ha	
		hb		hc		hd	
		he		hf		hg	
		hh		hi		hj	
		hk		hl		hm	
		hn		ho		hp	
		hq		hr		hs	
		ht		hu		hv	
		hw		hx		hy	
		hz		ia		ib	
		ic		id		ie	
		if		ig		ih	
		ii		ij		ik	
		il		im		in	
		io		ip		iq	
		ir		is		it	
		iu		iv		iw	
		ix		iy		iz	
		ja		jb		jc	
		jd		je		jf	
		jg		jh		ji	
		jj		jk		jl	
		jm		jn		jo	
		jp		jq		jr	
		js		jt		ju	
		jv		jw		jx	
		jy		jz		ka	
		kb		kc		kd	
		ke		kf		kg	
		kh		ki		kj	
		kk		kl		km	
		kn		ko		kp	
		kq		kr		ks	
		kt		ku		kv	
		kw		kx		ky	
		kz		la		lb	
		lc		ld		le	
		lf		lg		lh	
		li		lj		lk	
		ll		lm		ln	
		lo		lp		lq	
		lr		ls		lt	
		lu		lv		lw	
		lx		ly		lz	
		ma		mb		mc	
		md		me		mf	
		mg		mh		mi	
		mj		mk		ml	
		mn		mo		mp	
		mq		mr		ms	
		mt		mu		mv	
		mw		mx		my	
		mz		na		nb	
		nc		nd		ne	
		nf		ng		nh	
		ni		nj		nk	
		nl		nm		no	
		np		nq		nr	
		ns		nt		nu	
		nv		nw		nx	
		ny		nz		oa	
		ob		oc		od	
		oe		of		og	
		oh		oi		oj	
		ok		ol		om	
		on		oo		op	
		oq		or		os	
		ot		ou		ov	
		ow		ox		oy	
		oz		pa		pb	
		pc		pd		pe	
		pf		pg		ph	
		pi		pj		pk	
		pl		pm		pn	
		po		pp		pq	
		pr		ps		pt	
		pu		pv		pw	
		px		py		pz	
		qa		qb		qc	
		qd		qe		qf	
		qg		qh		qi	
		qj		qk		ql	
		qm		qn		qo	
		qp		qq		qr	
		qs		qt		qu	
		qv		qw		qx	
		qy		qz		ra	
		rb		rc		rd	
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		so		sp		sq	
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		tp		tq		tr	
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		ty		tz		ua	
		ub		uc		ud	
		ue		uf		ug	
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		uk		ul		um	
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		uq		ur		us	
		ut		uu		uv	
		uw		ux		uy	
		uz		va		vb	
		vc		vd		ve	
		vf		vg		vh	
		vi		vj		vk	
		vl		vm		vn	
		vo		vp		vq	
		vr		vs		vt	
		vu		vv		vw	
		vx		vy		vz	
		wa		wb		wc	
		wd		we		wf	
		wg		wh		wi	
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		wm		wn		wo	
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		ws		wt		wu	
		wv		ww		wx	
		wy		wz		xa	
		xb		xc		xd	
		xe		xf		xg	
		xh		xi		xj	
		xk		xl		xm	
		xn		xo		xp	
		xq		xr		xs	
		xt		xu		xv	
		xw		xx		xy	
		xz		ya		yb	
		yc		yd		ye	
		yf		yg		yh	
		yi		yj		yk	
		yl		ym		yn	
		yo		yp		yq	
		yr		ys		yt	
		yu		yv		yw	
		yx		yy		yz	
		za					

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
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»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.